



My Terra Village Client Application

Child's Name:	Birth Date:	Desired Start Date:
Sex:		
Child Resides With: Both parents ____ Mother ____ Father ____		
Other(specify):		
Mother/ Guardian Name:	Home Phone Number:	Work Phone Number:
Mother/Guardian Address:	City/State:	Zip:
Email Address:		
Father /Guardian Name:	Home Phone Number:	Work Phone Number:
Father/Guardian Address:	City/State:	Zip:
Email Address:		

Please check the days and hours by filling in the times of care needed.

Day:	From:	To:
__Monday		
__Tuesday		
__Wednesday		
__Thursday		
__Friday		

Signature of Parent/ Guardian_____ **Date:** _____

For office use only

Enrollment Date	Withdraw Date
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